

INVOICING

INTRODUCTION

The Substance Abuse Management System (SAMS) Invoicing module has been developed to improve the audit capability on invoiced services and quicker payment to each CD Provider. All rules for billing the State have been built into the system. Those rules can be found in your Provider Manual in Administration Section 2.

Quarterly invoices are due on the 10th working day following the last day of the quarter and the 10th working day following the last day of the month for monthly billing. What does change is the form that is to be submitted. The forms generated by SAMS Invoicing will now be the designated forms. Because SAMS Invoicing uses system data to determine eligibility, it is the responsibility of the Provider to ensure that their SAMS data is correct.

INVOICE TYPES

SAMS Invoicing is to be used for most of the Invoices currently accepted by the Department of Public Health and Human Services. It does not include Prevention, School Based Intervention Services, or Corrected Invoices. All of these will still be processed on paper using the same procedures that have historically been used. The following sections present the Invoice Types that are available in SAMS.

Ancillary Services – Frontier and Urban Ancillary services include Family Didactic Groups, Urinalysis, Rehab Aide, MT ASI, Teen MT ASI, Dip Strip Urine Drug Testing and Saliva Drug Testing. All of these service codes are available in SAMS and must be input in order to be billed on an Ancillary Services Invoice. Urban and Frontier are selected inside SAMS Invoicing as the County Type and are billed on two separate Invoices. Ancillary Services also contains Invoice Classes for an Original invoice or Supplemental invoice. That means there are four Ancillary Invoices available in SAMS. These are quarterly invoices and all services are in an aggregate format.

Community Based Residential Services CBR services include Women and Children, Recovery Homes and Transitional Living Facilities. SAMS Invoicing looks for these service codes in the client's treatment record so all data must be input in SAMS prior to attempting to generate this invoice type. These are monthly invoices and are based on client specific information.

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Inpatient Residential Services SAMS Invoice Classes that are available for this Invoice Type are Original and Supplemental. These are monthly invoices and are client based. Only the bed days for the Inpatient Residential service are included. For outpatient services provided for clients who have a concurrent ASAM placement, those services will be billed on the Outpatient Invoice Type.

Day Treatment Services Only Day Treatment services are billed on a Day Treatment Invoice. SAMS Invoice Classes available are Original and Supplemental. These are monthly invoices and are based on client specific information. The services are not in an aggregate format. Each client is listed on the invoice with the number of units provided in the month. **Day Treatment is the only service billed on this invoice because it is a bundled service.**

Co-Occurring Services Both Original and Supplemental Invoice classes are available for the Co-Occurring Invoices in SAMS. Services for this Invoice Type are Psychiatric Diagnosis, Individual Psychotherapy (both 20 to 30 minutes and 45 – 50 minutes), Group Psychotherapy, Pharmacological Management, Case Consultation, Mental Health Group Home, and Medication Management. Any outpatient services provided for these clients will be billed on an Outpatient invoice. Co-Occurring Services are billed under a co-occurring contract or utilizing up to 15% of a Provider's Outpatient Contract. These are quarterly invoices and are based on client specific information.

Outpatient Treatment This invoice type includes both County Type (Urban and Frontier) and Invoice Class (Original and Supplemental). Services billed on this Invoice Type include Screening, Assessment and Placement (ASI), Individual Therapy, Group Therapy, Multi-Family Group Therapy, Family Therapy without Patient, Family Therapy with Patient, Case Management, Individual Monitoring Waiting List, and Group Monitoring Waiting List. These are quarterly invoices and all services are in an aggregate format.

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COMPONENTS

Contracts The first part of the invoicing system involves setting up the various contracts for each provider and attaching service codes to that contract. All of this work is done by AMDD Fiscal staff.

Eligibility Eligibility records are created every 30 days. Clients who are deemed to be eligible may have their treatment services billed to the State and can be paid by the Block Grant. The State is the payer of last resort which means that all insurance and other payers should be billed first.

Insurance Clients who have any kind of insurance will have their insurance company billed first. The remainder of their charges will be invoiced on a Supplemental Invoice.

Services Every client who is admitted in SAMS should have all of their services documented in SAMS. This is the data that is used to create the Invoice.

Invoicing This module is only available to the Provider Fiscal staff. It consists of four steps and three other maintenance options. In addition there are reports that can be generated.

INVOICING STEPS

Step 1: Validate or Reset Charges

Validate Candidate Charges This step looks at the clients and their services for the time frame and Invoice Type selected. When a valid service is found, the program flags the service as Invoiceable. In addition, the invoice record will have the contract number added to the record. When the client with eligible services has Insurance, the service is flagged as Insurance Pending. Services that are not eligible will be written to a report with a complete explanation and the service will be flagged as Non-Invoiceable.

Run Report of Non-Invoiceable Charges The report can be run in PDF or Excel format. The report lists all of the services that have been flagged as ineligible and the report can be used to fix any problems. Some of the reasons a service will be found ineligible are client is Self-Pay, a contract could not be assigned, and client is not eligible because they make too much money.

Reset Non-Invoiceable Charges to the Non-Validated State After you make changes to the SAMS client data, the service data will have to be validated again. This process sets all of the service data back to the state they were in before Step 1 (Validate Candidate Charges) was initiated.

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Step 2: Generate Invoice for Selected Charges

Refresh Charge List. This process will refresh the screen with the most recent data for the Invoice Type.

Select All Displayed Charges Every service record can be selected using this process. However, providers can manually pick and choose what they want to have billed on the invoice.

Generate Invoice for Selected Charges. When selected a pop-up message will tell the SAMS fiscal operator that the invoice is being generated and an e-mail will be sent to the operator once it has been generated and available to print or send to AMDD.

Step 3: Print a Generated Invoice

Once the previous steps have been completed, the Invoice can be printed. The Invoice will print in PDF format that can be printed and/or saved.

Step 4: Send Invoice to AMDD for Processing

When this process is complete, the Invoice will no longer be available to the provider. The AMDD Audit function will be the next step. The Auditor can either accept or reject the invoice. When it is accepted, the Invoice is sent to Fiscal for processing and payment via the Contract System.

Manage Funds Paid (Insurance and Other)

Between Step 1 and Step 2, this option will be used to record payments the client has made or payments that have been made on the client's behalf. Insurance funds are recorded on the Supplemental Invoice Type and "Other Funds" are recorded on an Original Invoice Type. In addition, the provider can record partial payment and leave the service in a pending status.

Correct Contract Assignment

When a service has been found to be ineligible because a valid contract could not be found for the service, this option allows the Provider to specify the contract to be used. This happens because some services can be billed on more than one contract. For example, some services that can be billed on a co-occurring contract can also be billed on an outpatient contract.

Delete a Generated or Returned Invoice

After Step 2 but before Step 4, the provider can delete a generated invoice. Once Step 4 has been completed, the provider is not allowed to do anything with the invoice. However, if AMDD sends the Invoice back to the Provider, the returned invoice can be deleted and the entire process can be started over again. Returned Invoices will contain an explanation of why and who rejected the invoice. They can be rejected by the Auditor or the Fiscal person in AMDD.

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REPORTS

There are many reports that are run during the Invoice process. The following sections provide an overview of the various reports.

Invoice Process Reports. These reports are either run automatically throughout the invoicing process or are available through a Print button on the screen.

1. Non-Invoiceable Charges During Step 1 (Validate Candidate Charges) records are selected from the treatment table. Services can be deemed to be invoiceable, insurance pending, or non-invoiceable. The report is accessed through the Run Report of Non-Invoiceable Charges button on the screen. The report can be generated in either PDF or Excel format. If there are many errors, it is better to run the report out to Excel so the errors can be sorted. Some errors will have to be fixed by the Data Coordinator while others will have to be fixed by the Fiscal person. Then there are errors that cannot be fixed. For example, eligibility errors must be fixed by the Data Coordinator, no contract assigned must be fixed by the Fiscal person, and referral source errors are those that cannot be fixed. Technically, these are not errors but reasons why the service was found to be non-invoiceable.
2. Report of Selected Charges This report is displayed when you Generate an Invoice during Step 2 (Generate Invoice). The report shows charges that were included on the invoice, reduced charges and excluded charges. It contains totals for all the categories.
3. Report of Managed Insurance Funds and Other Funds Paid This report is available by pressing the Print button on the Manage Insurance and Other Funds screen. This is not technically a step during invoicing but is something that will be done between Step 1 and Step 2.
4. Report of Correctable Contract Assignments This report lists all of the selected records that are eligible to have the contract assignment changed and is available from the Print button on the Correct Contract Assignment screen. This is another one that is not technically a step but if it needs to be done it would be selected between Steps 1 and 2.
5. Print a Generated Invoice Once an invoice has been generated, the provider can print it at any time. The report is accessible on the Invoicing Menu.

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Reports on the Report Menu

1. Contract Services This report can be run in both PDF and Excel format. It lists the aggregate amount that has been invoiced to the Provider contracts for a date range.
2. Provider Services This report lists the totals for all services that have been invoiced for a date range.
3. Unvalidated Services This report prints the totals for all invoice types in a date range.
4. Validated Services This report lists all services that have been validated for a date range for all Invoice Types.
5. Non-Invoiceable Services This report prints totals by Invoice type and age group for a date range. It can be run in either PDF or Excel format.